

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NORTH CAROLINA  
SOUTHERN DIVISION**

No. 7:23-cv-1582

**IN RE: CAMP LEJEUNE  
WATER LITIGATION**

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**THIS DOCUMENT RELATES TO:**

**JURY TRIAL DEMANDED**

Thomas	William	Lynch	
Plaintiff First	Middle	Last	Suffix

**SHORT-FORM COMPLAINT**

The Plaintiff named below, or Plaintiff’s representative, files this Short Form Complaint against Defendant United States of America under the Camp Lejeune Justice Act of 2022 (“CLJA”). Pub. L. No. 117-168, § 804, 136 Stat. 1802, 1802–04 (2022). Plaintiff or Plaintiff’s representative incorporates by reference the allegations contained in the Master Complaint (DE 25) on file in the case styled *In Re: Camp Lejeune Water Litigation*, Case No. 7:23-cv-897, in the United States District Court for the Eastern District of North Carolina. Plaintiff or Plaintiff’s representative files this Short-Form Complaint as permitted by Pretrial Order No. 2.

Plaintiff or Plaintiff’s representative alleges as follows:

**I. INSTRUCTIONS**

**1. On THIS FORM, are you asserting a claim for injuries to YOU or to SOMEONE ELSE you legally represent?**

- ☐ To me  
☒ Someone else

This form may only be used to file a complaint for ONE PERSON’S injuries. If you intend to bring claims for multiple individuals’ injuries—for example, a claim for yourself and one for a deceased spouse—you must file ONE FORM FOR EACH INJURED PERSON.

## II. PLAINTIFF INFORMATION

If you checked "To me" in Box 1, YOU are the Plaintiff. Complete this section with information about YOU.

If you checked "Someone else" in Box 1, THAT PERSON is the Plaintiff. Complete this section with information about THAT PERSON.

<b>2. First name:</b> Thomas	<b>3. Middle name:</b> William	<b>4. Last name:</b> Lynch	<b>5. Suffix:</b> 
<b>6. Sex:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		<b>7. Is the Plaintiff deceased?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If you checked "To me" in Box 1, check "No" here.</i>	
Skip (8) and (9) if you checked "Yes" in Box 7.			
<b>8. Residence city:</b> 		<b>9. Residence state:</b> 	
Skip (10), (11), and (12) if you checked "No" in Box 7.			
<b>10. Date of Plaintiff's death:</b> 02/04/2015	<b>11. Plaintiff's residence state at the time of their death:</b> Illinois	<b>12. Was the Plaintiff's death caused by an injury that resulted from their exposure to contaminated water at Camp Lejeune?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## III. EXPOSURE INFORMATION

If you checked "To me" in Box 1, complete this section with information about YOU.

If you checked "Someone else" in Box 1, complete this section with information about THAT PERSON.

<b>13. Plaintiff's first month of exposure to the water at Camp Lejeune:</b> May	<b>14. Plaintiff's last month of exposure to the water at Camp Lejeune:</b> December
<b>15. Estimated total months of exposure:</b> 14	<b>16. Plaintiff's status at the time(s) of exposure (please check all that apply):</b> <input checked="" type="checkbox"/> Member of the Armed Services <input type="checkbox"/> Civilian (includes in utero exposure)
<b>17. If you checked Civilian in Box 16, check all that describe the Plaintiff at the time(s) of exposure:</b> <input type="checkbox"/> Civilian Military Dependent <input type="checkbox"/> Civilian Employee of Private Company <input type="checkbox"/> Civil Service Employee <input type="checkbox"/> In Utero/Not Yet Born <input type="checkbox"/> Other	<b>18. Did Plaintiff at any time live or work in any of the following areas? Check <u>all</u> that apply.</b> <input type="checkbox"/> Berkeley Manor <input type="checkbox"/> Hadnot Point <input type="checkbox"/> Hospital Point <input type="checkbox"/> Knox Trailer Park <input checked="" type="checkbox"/> Mainside Barracks <input type="checkbox"/> Midway Park <input type="checkbox"/> Paradise Point <input type="checkbox"/> Tarawa Terrace <input type="checkbox"/> None of the above <input type="checkbox"/> Unknown

## IV. INJURY INFORMATION

If you checked “To me” in Box 1, complete this section with information about YOU.

If you checked “Someone else” in Box 1, complete this section with information about THAT PERSON.

19. Identify the illnesses or conditions the Plaintiff suffered as a result of exposure to contaminated water at Camp Lejeune.

Injury	Approximate date of onset
<input type="checkbox"/> Adverse birth outcomes (Plaintiff is the PARENT of an individual who died in utero or was stillborn or born prematurely)	
<input type="checkbox"/> ALS (Lou Gehrig’s Disease)	
<input checked="" type="checkbox"/> Aplastic anemia or myelodysplastic syndrome	Aplastic Anemia: 01/01/1997 Myelodysplastic Syndrome: 01/10/2013
<input type="checkbox"/> Bile duct cancer	
<input type="checkbox"/> Bladder cancer	
<input type="checkbox"/> Brain / central nervous system cancer	
<input type="checkbox"/> Breast cancer	
<input type="checkbox"/> Cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input type="checkbox"/> Cervical cancer	
<input type="checkbox"/> Colorectal cancer	
<input type="checkbox"/> Esophageal cancer	
<input type="checkbox"/> Gallbladder cancer	
<input type="checkbox"/> Hepatic steatosis (Fatty Liver Disease)	
<input type="checkbox"/> Hypersensitivity skin disorder	
<input type="checkbox"/> Infertility	
<input type="checkbox"/> Intestinal cancer	
<input type="checkbox"/> Kidney cancer	
<input type="checkbox"/> Non-cancer kidney disease	
<input type="checkbox"/> Leukemia	
<input type="checkbox"/> Liver cancer	
<input type="checkbox"/> Lung cancer	
<input type="checkbox"/> Multiple myeloma	
<input type="checkbox"/> Neurobehavioral effects	
<input type="checkbox"/> Non-cardiac birth defects (Plaintiff was BORN WITH the defects)	
<input checked="" type="checkbox"/> Non-Hodgkin’s Lymphoma	11/03/1992
<input type="checkbox"/> Ovarian cancer	
<input type="checkbox"/> Pancreatic cancer	
<input type="checkbox"/> Parkinson’s disease	
<input checked="" type="checkbox"/> Prostate cancer	01/01/2001
<input type="checkbox"/> Sinus cancer	
<input type="checkbox"/> Soft tissue cancer	
<input type="checkbox"/> Systemic sclerosis / scleroderma	

<input type="checkbox"/> <b>Thyroid cancer</b>	
<p>The Camp Lejeune Justice Act does not specify a list of covered conditions.</p> <p>If the Plaintiff suffers or previously suffered from a condition not listed above, and the Plaintiff alleges that the condition was caused by exposure to the water at Camp Lejeune as required under the Act, please check "Other" and describe the condition on the following lines.</p> <p>Note in particular that the Board of Veterans' Appeals of the U.S. Department of Veterans Affairs (the "VA") has approved benefits in connection with Camp Lejeune for conditions beyond those listed above. Plaintiff reserves the right to update and/or amend the information contained herein.</p>	
<input type="checkbox"/> <b>Other:</b>	<b>Approximate date of onset</b>
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

### **V. REPRESENTATIVE INFORMATION**

If you checked "To me" in Box 1, **SKIP THIS SECTION** and proceed to section VI. ("Exhaustion").

If you checked "Someone else" in Box 1, complete this section with information about YOU.

<b>20. Representative First Name:</b> <input style="width: 80%;" type="text" value="Christian"/>	<b>21. Representative Middle Name:</b> <input style="width: 80%;" type="text"/>	<b>22. Representative Last Name:</b> <input style="width: 80%;" type="text" value="Lynch"/>	<b>23. Representative Suffix:</b> <input style="width: 80%;" type="text"/>
<b>24. Residence City:</b> <input style="width: 90%;" type="text" value="New York City"/>		<b>25. Residence State:</b> <input style="width: 80%;" type="text" value="NY"/>	
<input type="checkbox"/> Outside of the U.S.			
<b>26. Representative Sex:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
<b>27. What is your familial relationship to the Plaintiff?</b> <input type="checkbox"/> They are/were my spouse. <input checked="" type="checkbox"/> They are/were my parent. <input type="checkbox"/> They are/were my child. <input type="checkbox"/> They are/were my sibling. <input type="checkbox"/> Other familial relationship: They are/were my <input style="width: 100px;" type="text"/> <input type="checkbox"/> No familial relationship.			
<b>Derivative claim</b>			
<b>28. Did the Plaintiff's death or injury cause the Plaintiff's spouse, children, or parents mental anguish, loss of financial support, loss of consortium, or any other economic or non-economic harm for which you intend to seek recovery?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## **VI. EXHAUSTION**

29. On what date was the administrative claim for this Plaintiff filed with the Department of the Navy (DON)?

08/10/2022

30. What is the DON Claim Number for the administrative claim?

CLS23-003533

☐ DON has not yet assigned a Claim Number

## **VII. CLAIM FOR RELIEF**

Plaintiff respectfully requests that pursuant to subsection 804(b) of the CLJA the Court enter judgment against the Defendant and award damages and all other appropriate relief for the harm to Plaintiff that was caused by exposure to the water at Camp Lejeune.

## **VIII. JURY TRIAL DEMAND**

Plaintiff demands a trial by jury of all issues so triable pursuant to Rule 38 of the Federal Rules of Civil Procedure and subsection 804(d) of the CLJA.

Dated: 11/6/2023

/s/ Eric W. Flynn

Eric W. Flynn

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Attorney For: Christian W. Lynch

